

# California Cardiovascular Disease Prevention Coalition

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### HEART DISEASE AND STROKE AMONG AMERICAN INDIANS AND ALASKA NATIVES IN CALIFORNIA AND THE U.S.

#### DID YOU KNOW...

- Many American Indians face problems that make it hard to adopt a "heart-healthy" lifestyle. For example: they may live in remote rural areas or low-income urban areas where access to health care and preventive services is limited; their communities often lack affordable grocery stores where fresh fruits, vegetables, and meats can be purchased; and isolation, a high unemployment rate, extreme weather conditions, and a lack of recreational facilities all contribute to a physically inactive lifestyle.<sup>3</sup>
- There is inadequate information on the health status of American Indians. American Indians living in Indian Territory and on reservations were historically not counted in the U.S. Census and, even now, many households on reservations are not counted. The few existing studies on the health of American Indians have been conducted in specific regions, among specific tribes. This forces health program planners to use studies that focus on specific tribes, even though cultures vary widely among different tribes.<sup>3</sup>

### **Multiple Factors Contribute to Heart Disease and Stroke Risk**

Research shows that smoking, high blood pressure, elevated blood cholesterol, and lack of regular physical activity raise the risk of heart disease and stroke. Other factors, such as being overweight or having uncontrolled diabetes, also increase risk.

- ? The prevalence of **Smoking** among American Indians ages 18 and older increased from 13.2% in 1984 to 33.6% in 1997.<sup>4</sup>
- High blood pressure accounts for 42% of all Indian Health Service ambulatory visits, exceeded only by upper respiratory infections, otitis media, and diabetes.<sup>5</sup>
- Overweight was present in 48% of American Indian adults in 1993, whereas obesity was extremely rare in this population during the early 1900's. 6
- Zero Diabetes was prevalent in 12% of Indian Health Service-eligible adults over the age of 19, compared to 5% of the general population. 

  <sup>7</sup>

## WHAT CAN BE DONE TO PREVENT HEART DISEASE AND STROKE IN AMERICAN INDIAN COMMUNITIES?

? To avoid heart disease and stroke, people need to eat healthy foods and exercise regularly. A variety of strategies have been used to prevent heart disease and stroke in American Indian communities. Some have involved increasing knowledge of how to prevent heart disease and stroke, or helping American Indian communities to re-connect with the healthier diets and lifestyles of their ancestors. Others focus on addressing the barriers to heart-healthy living that exist in some American Indian communities.

#### Some strategies that have been used in American Indian Communities:

- ? Wings of America (Earth Circle Foundation, Inc.) uses running to inspire American Indian youth to identify with and take pride in their heritage, leading to increased self-esteem, health, and wellness.<sup>8</sup>
- ? Nutrition Assistants Program (Indian Health Service and the U.S. Department of Agriculture) trains reservation community members to become paraprofessional nutrition educators. Through home visits and community events, Nutrition Assistants teach people to prepare and store food in healthy ways.<sup>3</sup>
- <sup>?</sup> Native American Talking Circles (CAIRE) uses traditional storytelling and small group interactive group settings to motivate and educate Indians on changing eating habits and adopting a more healthy lifestyle.<sup>9</sup>
- National Institute of Diabetes and Digestive and Kidney Disorders (NIDDK) studied whether diabetes can be prevented or delayed in American Indians. Pilot studies worked with two groups of Pima Indians: one took part in discussions of healthy traditional behaviors involving nutrition and exercise, and the other focused on discovering ancestral values and lifestyles, including healthy diets and activities, and determining their relevance to their own lives.<sup>10</sup>

Communities can also make changes that support heart healthy living, such as: transforming vacant lots into community gardens; linking neighborhood crime watch programs with walking clubs; getting involved in city land use planning; tapping unused economic potential in the neighborhood to create jobs; serving low-fat foods at community gatherings; and encouraging the use of walking or biking instead of driving.

<sup>1.</sup> Department of Health Services. *Regional Differences in Indian Health*. Indian Health Service; Office of Public Health; Division of Community and Environmental Health; Program Statistics Team. 1997.

American Heart Association. 1997 Heart and Stroke Statistical Update. Dallas, TX: AHA National Office, December, 1996, pub. No. 55-0524.

<sup>3.</sup> National Heart, Lung, and Blood Institute. November, 1998. *Building Healthy Hearts for American Indians and Alaska Natives: A Background Report.* National Institutes of Health.

<sup>4.</sup> California Cancer Registry, Searching for Causes and Cures. The Year 2000 Objectives: Measured by California 's Behavioral Risk Factor Survey. Tabulations: 1984-1997, October 1998.

<sup>5.</sup> National Heart, Lung, and Blood Institute. Hypertension in Hispanic Americans, American Indians, and Alaska Natives, and Asian and Pacific Islander Americans. Bethesda, MD: National Institutes of Health, 1996.

<sup>6.</sup> National Center for Health Statistics. Healthy People 2000 Review, 1994. Hyattsville, MD: U.S. Department of Health and Human Services, DHHS Publication No. (PHS) 95-1256-1, 1995.

National Institute of Diabetes and Digestive and Kidney Diseases. Non-Insulin-Dependent Diabetes. 2<sup>nd</sup> edition. Bethesda, MD: National Institutes of Health, NIH Publication No. 95-241, 1992.

<sup>8.</sup> Wings of America. Wings of America Fact Sheet, 1996. Santa Fe, NM: Wings of America, 1996.

<sup>9.</sup> National Institute of Diabetes and Digestive and Kidney Diseases. The Pima Indians: Pathfinders for Health. Bethesda, MD: National Institutes of Health, NIH Publication No. 95-3821, 1995.

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